

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

93
3
4

NOV 22 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37188

1. PLACE OF DEATH
 County St. Louis Registration District No. 333
 Township Ferguson Town Primary Registration District No. 4468
 City St. Louis (No. St. Kinloch pk mo.) St. _____ Ward _____

2. FULL NAME Wm Johnson
 (a) Residence, No. Kinloch St. Mad Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE col
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1934
 7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
2 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Country

MOTHER / FATHER
 13. NAME Esser Johnson

14. BIRTHPLACE (CITY OR TOWN) Madisonville (STATE OR COUNTRY) Ky

15. MAIDEN NAME Lucie Johnson

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Esser Johnson (ADDRESS) 3 Kinloch

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington pk DATE 10-30 1934

19. UNDERTAKER English Und. Co. (ADDRESS) 2934 Cass Ave.

20. FILED Oct 30 1934 H. G. Zeitler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1934
 22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1934 to Oct 27 1934
 I last saw him alive on Oct 24 1934 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:

Acute Enteritis Date of onset 2/18/34
11915 / 1198

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Vincent J. Muller M. D.
 (Address) 2335 Franklin

